

Hanley LCDR Keith A

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Sent: Friday, January 10, 2003 6:52 PM
To: Anderson, CAPT Mary; Beadle, LCDR Christine; Bohnker, CAPT Bruce; Brawley, CAPT Rob; Clagett, LCDR Chris; Conner, Byron; Conwill, CAPT D.; Culpepper, CDR Randy, GEIS; Emerson, CAPT Maura; Fallon, CDR Ann; Fischer, CAPT K.F.; Gallagher, CDR Kevin; Gosney, James; Hankinson, LT Arlene; Hanley LCDR Keith A; Hanson, CAPT Kevin; Hayashi, CAPT Konrad; Hendrick, CDR B.B.; Herip, CAPT Don; Hibbs, CAPT Richard; Hooker, Stephen; Howe, LCDR Julie S.; Hyer, CDR Randy; Kilbane, CAPT Ed; Lamar, CDR James; Landro, Frederick; Lapa, CAPT J.; Malakooti, CDR Mark; Marienau, LCDR Karen; May, CDR Laurel; McBride, CAPT W.Z.; Mitchell, CAPT Ben; Neely, CDR Julie; Orndorff, CDR George; Petitt, LCDR Patricia; Robinson, CDR Ted; Russell, CDR Kevin; Ryan, CDR Megan; Schor, CAPT Ken; Sharp, CAPT Trueman; Sherman, Sterling S; Slaten, CDR Doug; Thomas, CAPT Richard; Trump, CAPT Dave; Tueller, CAPT John; Young, Sylvia CDR; Yund, CAPT Jeff; Zinderman Lt Craig
Subject: FW: SMALLPOX VACCINATION PROGRAM (SVP) FOR MILITARY TREATMENT FAC ILITIES

Reference locations at bottom.

RAAUZYUW RUENMED1500 0091532-UUUU--RUEASUU.
ZNR UUUUU
R 091532Z JAN 03 ZYB
FM CNO WASHINGTON DC//N093//
TO AIG 7783
INFO COMLANTFLT NORFOLK VA//JJJ//
COMPACFLT PEARL HARBOR HI//JJJ//
CMC WASHINGTON DC//HS//
CJCS WASHINGTON DC//J4-HSSD//
SECDEF WASHINGTON DC//OASD-HA//
BT
UNCLAS //N00000//
MSGID/GENADMIN/N093//
SUBJ/SMALLPOX VACCINATION PROGRAM (SVP) FOR MILITARY TREATMENT
/FACILITIES//
REF/A/GENADMIN/DEPSECDEF/30SEP2002/NOTAL//
REF/B/GENADMIN/DOD/29SEP2002//
REF/C/GENADMIN/ASD(HA)/26NOV2002//
REF/D/GENADMIN/USD(P AND R)/13DEC2002/NOTAL//
REF/E/GENADMIN/ASN(M AND RA)/12DEC2002/NOTAL//
REF/F/GENADMIN/ASN(M AND RA)/31DEC2002/NOTAL//
REF/G/DOC/DOD/01DEC2002//
REF/H/DOC/DOD/01DEC2002//
REF/I/DOC/DOD/01DEC2002//
REF/J/DOC/DOD/01DEC2002//
REF/K/DOC/CDC/01JAN2002//
REF/L/DOC/WYETH LABORATORIES/01SEP2002//
REF/M/DOC/DOD/01DEC2002//
REF/N/DOC/DOD/01AUG2002//
REF/O/DOC/FDA/01JAN2002//
REF/P/DOC/CDC/01JAN2002//
REF/Q/DOC/BUMED WASHINGTON DC/01DEC2002//
REF/R/DOC/CDC/09JAN2003//

NARR/REF A IS MEMO ANNOUNCING DOD SMALLPOX RESPONSE PLAN.
REF B IS DOD SMALLPOX RESPONSE PLAN. REF C IS DOD CLINICAL
POLICY FOR THE DOD SMALLPOX VACCINATION PROGRAM (SVP).

REF D IS DOD POLICY ON ADMINISTRATIVE ISSUES RELATED TO SMALLPOX VACCINATION PROGRAM. REF E IS SECNAV MEMORANDUM DIRECTING VACCINATION OF SMALLPOX EPIDEMIOLOGY RESPONSE TEAMS. REF F IS SECNAV MEMORANDUM DIRECTING VACCINATION OF ADDITIONAL GROUPS. REF G IS DOD HEALTH CARE PROVIDER'S BRIEFING ON SMALLPOX VACCINE. REF H IS TRIFOLD - WHAT YOU NEED TO KNOW ABOUT SMALLPOX VACCINE. REF I IS SMALLPOX - DOD INDIVIDUAL'S BRIEFING ON SMALLPOX VACCINE. REF J IS INITIAL SMALLPOX VACCINE IMMUNIZATION NOTE. REF K IS CDC FACT SHEET - SMALLPOX VACCINATION METHOD. REF L IS DRYVAX PACKAGE INSERT. REF M IS SMALLPOX VACCINE ADVERSE EVENT DIARY REPORT CARD. REF N IS SMALLPOX IMMUNIZATION FOLLOW UP NOTE. REF O IS CLINICAL GUIDELINES FOR MANAGING ADVERSE EVENTS AFTER VACCINATION. REF P IS FOOD AND DRUG ADMINISTRATION VAERS-1 FORM. REF Q CDC FACT SHEET ON ADVERSE REACTIONS. REF R IS SMALLPOX DATA REPORT FORM. REF S IS CDC SUMMARY OF OCTOBER 2002 ACIP SMALLPOX VACCINATION RECOMMENDATIONS.//

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RMKS/1. THIS MESSAGE IMPLEMENTS THE SMALLPOX VACCINATION PROGRAM FOR SELECTED ACTIVE DUTY PERSONNEL AT NAVY MILITARY TREATMENT FACILITIES (MTFS). GUIDANCE FOR CIVILIAN PERSONNEL WILL BE SENT SEPCOR.

2. THE PRESIDENT ANNOUNCED COMMENCEMENT OF A NATIONAL SMALLPOX VACCINATION PROGRAM ON 13 DECEMBER. SECDEF AND SECNAV, THROUGH REFS A TO F, HAVE AUTHORIZED SMALLPOX VACCINATION OF INITIAL MEDICAL RESPONDERS, SELECTED MEDICAL TREATMENT PERSONNEL, AND CERTAIN OPERATIONAL UNITS/PERSONNEL. THIS MESSAGE PROVIDES GUIDANCE FOR SVP FOR ALL MTFS THAT ADMINISTER SMALLPOX VACCINATIONS.

3. SVP IS A FORCE HEALTH PROTECTION PROGRAM THAT IS CRITICAL TO NATIONAL, DOD, AND DON PREPAREDNESS AGAINST A REAL THREAT. ENSURE THAT ALL STAFF READ, UNDERSTAND AND COMPLY WITH EVERY DETAIL OF THIS MSG AND ALL REFERENCES APPLICABLE TO THEIR PARTICULAR ROLE IN THE PROGRAM. THIS PROGRAM MUST BE IMPLEMENTED CORRECTLY.

4. BEGIN VACCINATING SELECTED MEDICAL TREATMENT PERSONNEL - PER GUIDANCE IN PARA 5 - AS SOON AS POSSIBLE, AND ENDEAVOR TO COMPLETE VACCINATIONS IN THIS GROUP BY THE END OF JANUARY.

5. VACCINATION OF SMALLPOX EPIDEMIOLOGY RESPONSE TEAMS IS ALREADY UNDERWAY. NOW IDENTIFY SELECTED MEDICAL TREATMENT PERSONNEL FOR VACCINATION AT YOUR COMMAND. THESE PERSONNEL SHOULD BE SELECTED SO THAT YOU WILL HAVE A CORE OF ALREADY-PROTECTED STAFF WHO CAN EVALUATE AND CARE FOR SUSPECTED OR KNOWN SMALLPOX PATIENTS. DO NOT ATTEMPT TO VACCINATE A LARGE PORTION OF YOUR ENTIRE STAFF AT THIS TIME. IN THE EVENT OF AN ACTUAL SMALLPOX EMERGENCY, VACCINATION OF REMAINING STAFF CAN OCCUR EXPEDITIOUSLY. INITIAL GUIDANCE IS FOR THE SMALLEST MTFS TO VACCINATE 10 TO 20 PERSONNEL, AND FOR THE LARGEST MTFS TO VACCINATE 150 TO 200. CONSIDER SELECTED MEMBERS OF THE FOLLOWING GROUPS,

FROM REF S, FOR VACCINATION. REF S CONTAINS ADDITIONAL DETAIL.
ADDITIONAL GROUPS MAY BE INCLUDED, BASED ON FACILITY NEEDS.

- A. EMERGENCY ROOM STAFF
- B. ICU STAFF
- C. GENERAL MEDICAL STAFF
- D. HOUSE STAFF
- E. MEDICAL SUB-SPECIALISTS
- F. INFECTION CONTROL PROFESSIONALS
- G. RESPIRATORY THERAPISTS
- H. RADIOLOGY TECHNICIANS
- I. SECURITY PERSONNEL
- J. HOUSEKEEPING STAFF

6. IF NOT ALREADY DONE, REPORT THE NUMBER OF STAFF IDENTIFIED FOR VACCINATION AND THE PERCENTAGE OF TOTAL MTF STAFF STRENGTH THAT THIS NUMBER COMPRISES TO N931 AS SOON AS POSSIBLE BY EMAIL TO QUIVERS.CELIA@HQ.NAVY.MIL.

7. ADHERE TO ALL ASPECTS OF REFS C AND D, UNLESS SPECIFICALLY MODIFIED HERE, ALONG WITH ADDITIONAL GUIDANCE IN THIS MSG.

8. EDUCATION OF VACCINE RECIPIENTS. PERSONNEL WHO CONDUCT EDUCATION OF VACCINE RECIPIENTS MUST BE THOROUGHLY FAMILIAR WITH ALL REFERENCES ABOVE, ESPECIALLY REF G. SPECIFIC TRAINING FOR VACCINATION MEDICAL DIRECTORS, VACCINATION SUPERVISORS, AND VACCINATORS IS AVAILABLE AT WWW.SMALLPOX.ARMY.MIL/DIGISCRIP.TASP.

A. PROVIDE A COPY OF SMALLPOX TRI-FOLD BROCHURE (REF H) AND PRESENT REF I BRIEFING TO ALL INTENDED RECIPIENTS. IN ADDITION, PROVIDE A COPY OF THE CDC VACCINE INFORMATION STATEMENT, AVAILABLE AT WWW.CDC.GOV/NIP/PUBLICATIONS/VIS/VIS-SPOX.PDF

B. PROVIDE AMPLE OPPORTUNITY FOR INTENDED RECIPIENTS TO ASK QUESTIONS, AND HAVE EXPERIENCED HEALTH CARE PERSONNEL PROVIDE IN DEPTH RESPONSES.

9. MEDICAL SCREENING.

A. HIV TESTING. HIV TESTING MUST BE WITHIN THE LAST 12 MONTHS, AND A NEGATIVE RESULT MUST BE AVAILABLE IN THE HEALTH RECORD.

B. HAVE ALL INTENDED VACCINE RECIPIENTS FILL OUT PAGE 1 OF REF J. EMPHASIZE IMPORTANCE OF ANSWERING QUESTIONS CAREFULLY, ESPECIALLY PREGNANCY QUESTIONS. FEMALE VACCINEES MUST BE CERTAIN THAT THEY ARE NOT PREGNANT, AND MUST BE ADVISED TO AVOID BECOMING PREGNANT FOR AT LEAST 4 WEEKS AFTER VACCINATION.

C. A CREDENTIALLED HEALTH CARE PROVIDER (INCLUDES INDEPENDENT DUTY CORPSMEN) WHO IS THOROUGHLY FAMILIAR WITH ALL ASPECTS OF SMALLPOX VACCINATION MUST REVIEW PAGE 1 OF THE FORM AND FILL OUT THE PROVIDER SECTION ON PAGE 2.

D. MEDICAL EXEMPTIONS ARE COVERED IN REF C. MEDICALLY EXEMPT THE PERSON BEING EVALUATED FOR VACCINATION IF HE OR SHE HAS A CONTRAINDICATION (ALSO KNOWN AS A BAR) OR OTHER FACTOR WARRANTING A MEDICAL EXEMPTION. MEDICAL EXEMPTIONS ARE EITHER TEMPORARY OR PERMANENT. FOR EXAMPLE, PREGNANCY IS A TEMPORARY CONDITION, WHILE A HISTORY OF ECZEMA IS PERMANENT.

E. ADMINISTRATIVE EXEMPTIONS ARE COVERED IN REF D.

F. IF THERE IS UNCERTAINTY ABOUT THE ADVISABILITY OF ADMINISTERING THE VACCINE, DEFER VACCINATION UNTIL ADDITIONAL INFORMATION IS AVAILABLE OR A MORE DETAILED EVALUATION IS DONE BY AN APPROPRIATE SPECIALIST.

10. VACCINATION PERSONNEL. PERSONNEL WHO ADMINISTER THE SMALLPOX

VACCINE SHALL BE SPECIFICALLY DESIGNATED BY THE COMMAND AS QUALIFIED TO DO SO. PERSONNEL WHO ATTENDED THE 4-DAY DOD SMALLPOX PREPAREDNESS TRAINING WORKSHOP AND THE HANDS-ON VACCINATION TRAINING MAY BE CONSIDERED QUALIFIED TO ADMINISTER THE VACCINE WITHOUT ADDITIONAL TRAINING. ADDITIONAL PERSONNEL MAY BE CONSIDERED QUALIFIED AFTER THE FOLLOWING STEPS:

- A. THOROUGH STUDY OF REFS C, G, H, I, J, K, L.
- B. COMPLETION OF VACCINATOR TRAINING AVAILABLE ONLINE AT WWW.SMALLPOX.ARMY.MIL/DIGIScript.ASP. CD WITH SAME CONTENT IS BEING SENT TO EACH MTF.
- C. OBSERVATION OF AT LEAST THREE VACCINATIONS.
- D. ADMINISTRATION OF AT LEAST THREE VACCINATIONS SUPERVISED BY AN QUALIFIED SMALLPOX VACCINE ADMINISTRATOR.

11. VACCINATION PERSONNEL IN ISOLATED MTFS. IF 7 C AND D ARE NOT POSSIBLE BECAUSE OF LOGISTICAL CONSIDERATIONS, 7 A AND B MAY SUFFICE AT THE RECOMMENDATION OF THE OFFICER HEADING THE DEPARTMENT RESPONSIBLE FOR IMMUNIZATIONS AND THE APPROVAL OF THE COMMANDING OFFICER.

12. VACCINATION SITE SELECTION. CONSIDER THE SKIN OVER THE INSERTION OF THE DELTOID MUSCLE (FROM REF C) TO BE APPROXIMATELY ONE FOURTH TO ONE THIRD DOWN THE LENGTH OF THE UPPER ARM. PER REF C, USE NON-DOMINANT ARM.

13. VACCINATION DOCUMENTATION. COMPLETE DOCUMENTATION OF SMALLPOX VACCINE ADMINISTRATION, TAKE, AND ADVERSE REACTIONS IS REQUIRED.

- A. ADMINISTRATION. DOCUMENT VACCINATION ADMINISTRATION IN THE VACCINE ADMINISTRATOR SECTION ON PAGE 2 OF REF J.
- B. SAMS. SAMS IS BEING MODIFIED TO ACCOMMODATE TRACKING OF SMALLPOX VACCINATIONS. WHEN THIS CAPABILITY BECOMES AVAILABLE, BEGIN RECORDING ALL SMALLPOX VACCINATION IN SAMS. IN ADDITION, PERFORM CATCH-UP ENTRY OF VACCINATIONS GIVEN PREVIOUSLY.
- C. ADVERSE EVENT DIARY REPORT CARD. PROVIDE REFERENCE M TO EACH VACCINATION RECIPIENT. DIRECT THE RECIPIENT TO RETURN THE FORM 30 DAYS AFTER VACCINATION, EVEN IF THE FORM IS NOT COMPLETELY FILLED OUT.
- D. TAKE ASSESSMENT. DIRECT EACH RECIPIENT TO RETURN IN SIX TO EIGHT DAYS (OR SOONER IN CASE OF PROBLEMS). HAVE THE RECIPIENT FILL OUT THE TOP PART OF REF N, AND HAVE A PROVIDER REVIEW THE RESPONSES, EXAMINE THE SITE, AND COMPLETE THE BOTTOM PART OF THE FORM.
 - (1) IF VACCINEE RETURNS LATER, WHEN SITE IS PARTIALLY OR FULLY HEALED, ASSESS TAKE BASED ON RESPONSES ON TOP OF REF N AND ADDITIONAL DETAILED QUESTIONING. IF INADEQUATE INFORMATION FOR ASSESSMENT OF TAKE IS AVAILABLE, SO STATE IN PROVIDER SECTION OF FORM.
 - (2) TRACK TAKES BY VACCINATOR FOR THE FIRST 25 VACCINATIONS GIVEN BY EACH VACCINATOR. AS A CHECK ON PROPER VACCINATION TECHNIQUE, TAKE RATES SHOULD BE ABOVE 90 PERCENT.
- E. FOR ALL SMALLPOX VACCINATION RELATED FORMS (INITIAL SMALLPOX VACCINE IMMUNIZATION NOTE, SMALLPOX VACCINE ADVERSE EVENT DIARY REPORT CARD, SMALLPOX IMMUNIZATION FOLLOW UP NOTE, AND VAERS-1 FORMS), DO THE FOLLOWING:
 - (1) MAKE A COPY OF THE FORM.
 - (2) PLACE THE COPY IN THE HEALTH RECORD.
 - (3) RETAIN THE ORIGINAL FORM IN A SECURE FILE FOR AT LEAST A YEAR.

14. HEALTH CARE FOLLOWING SMALLPOX VACCINATION. BECAUSE VACCINIA VIRUS CAN SOMETIMES BE TRANSMITTED TO OTHERS IN THE FIRST FEW WEEKS

AFTER VACCINATION, ADVISE ALL VACCINE RECIPIENTS TO TAKE THESE STEPS:

- A. SEEK CARE FOR ANY ADVERSE REACTION AT THE FACILITY WHERE THE VACCINATION WAS ADMINISTERED, OR ANOTHER MILITARY FACILITY, UNLESS IMPRACTICAL BECAUSE OF THE URGENCY OF THE PROBLEM OR OTHER FACTORS.
- B. FOR THE FIRST 30 DAYS AFTER VACCINATION, INFORM RECEPTION/CHECK-IN STAFF AT ANY MEDICAL FACILITY WHERE SEEKING CARE - WHETHER CIVILIAN OR MILITARY - THAT THEY HAVE RECENTLY RECEIVED A SMALLPOX VACCINATION. THEY SHOULD DO THIS REGARDLESS OF WHETHER THEY ARE PRESENTING FOR A PROBLEM RELATED TO THE VACCINATION OR FOR AN UNRELATED PROBLEM.
- C. IF A CHILD UNDER ONE YEAR OF AGE LIVES IN THE SAME HOUSEHOLD, EXERCISE GREAT DILIGENCE IN VACCINATION SITE CARE/COVERAGE, AND THOROUGH AND FREQUENT HAND WASHING. A HOUSEHOLD CONTACT UNDER THE AGE OF ONE IS NOT A CONTRAINDICATION, BUT GREATER VIGILANCE IS WARRANTED WITH THIS VULNERABLE GROUP.

15. STRONGLY EMPHASIZE CARE OF THE VACCINATION SITE AND FREQUENT HAND WASHING, PER REF C. ADDITIONAL SITE CARE INFORMATION IS BEING DEVELOPED FOR THE MILVAX WEB SITE, WWW.VACCINES.ARMY.MIL.

16. MINIMIZE CONTACT BETWEEN VACCINEES AND THOSE WITH CONTRAINDICATIONS TO VACCINATION. IN SETTINGS WHERE PERSONNEL LIVE AND WORK IN CLOSE PROXIMITY:

- A. SCREEN ENTIRE GROUPS BEFORE BEGINNING VACCINATIONS IN ORDER TO DISCOVER ALL THOSE WITH CONTRAINDICATIONS BEFORE THEY CAN BE EXPOSED TO VACCINATED PERSONS.
- B. TAKE STEPS TO MINIMIZE PHYSICAL CONTACT BETWEEN VACCINEES AND THOSE WHO CANNOT BE VACCINATED BECAUSE OF A CONTRAINDICATION (OR BAR). THIS APPLIES TO BERTHING SPACES, HEADS, MESS FACILITIES, WORK SPACES, AND RECREATION AREAS. THIS DOES NOT MEAN THEY CANNOT BE IN THE SAME SPACE AT THE SAME TIME. IT DOES MEAN (EXAMPLES):
 - (1) A BARRED PERSON SHOULD NOT USE THE SAME BERTH AS A RECENTLY VACCINATED PERSON (HOT RACKING) OR ANY BERTH THAT IS DIRECTLY ADJACENT TO A VACCINATED PERSON'S BERTH.
 - (2) A BARRED PERSON IN THE SAME WORKSPACE AS RECENTLY VACCINATED PERSONNEL MUST AVOID DIRECT PHYSICAL CONTACT WITH THOSE PERSONNEL.
 - (3) THERE SHOULD BE NO SHARING OF PERSONAL ITEMS (TOWELS, RAZORS, COMBS, ETC.) BETWEEN RECENTLY VACCINATED PERSONS AND BARRED PERSONS.
 - (4) RECREATIONAL EQUIPMENT SURFACES SHOULD BE CLEANED WITH HOT SOAPY WATER FOLLOWING EACH USE BY A RECENTLY VACCINATED PERSON.
 - (5) FREQUENT HAND WASHING WITH HOT SOAPY WATER SHOULD BE PRACTICED BY BOTH RECENTLY VACCINATED AND BARRED PERSONS.
- C. PAY PARTICULAR ATTENTION TO GUIDANCE IN REF C REGARDING VACCINATION SITE COVERAGE AND PROTECTION.

17. MANAGING ADVERSE EVENTS. REFER TO REFS C, O AND P.

- A. WHEN EVALUATING A POSSIBLE SERIOUS ADVERSE EVENT, CONSULT DERMATOLOGY, INFECTIOUS DISEASE, OR ALLERGY/IMMUNOLOGY. CONSULTATION WITH SMALLPOX EXPERTS WILL ALSO BE AVAILABLE AT USAMRIID, AT (888)872-7443, (301)619-2257, OR DSN 312-343-2257. USAMRIID STAFF DUTY OFFICER IS AT (301)631-4393 OR DSN 312-343-4393.
- B. VACCINIA IMMUNE GLOBULIN (VIG). ADVERSE REACTIONS SEVERE ENOUGH TO REQUIRE VIG WILL BE VERY RARE. ADMINISTRATION OF VIG, AN INVESTIGATIONAL NEW DRUG (IND), MUST BE DONE THROUGH A DESIGNATED PRINCIPAL INVESTIGATOR (PI) UNDER CAREFULLY CONTROLLED CONDITIONS IN ORDER TO MEET FDA REQUIREMENTS. CONSULT USAMRIID USING INFO IN 17 A.
 - (1) A PI FOR ADMINISTERING VIG WILL BE DESIGNATED AT SELECTED MTFS AROUND THE WORLD.
 - (2) VIG WILL BE PRE-POSITIONED AT A FEW OF THOSE FACILITIES. TOTAL

AMOUNT OF VIG ON HAND WILL NOT PERMIT PREPOSITIONING AT MORE THAN A FEW FACILITIES.

C. VAERS REPORTING. REF C LISTS SPECIFIC CIRCUMSTANCES IN WHICH A VAERS-1, REF Q, MUST BE SUBMITTED AND OTHER SITUATIONS IN WHICH SUBMITTING A VAERS-1 IS STRONGLY ENCOURAGED. IF IN DOUBT, SUBMIT A VAERS-1.

D. SUBMIT VAERS-1 TO NAVY ENVIRONMENTAL HEALTH CENTER WITHIN 72 HOURS BY:

- (1) FAX: (757)953-0685 OR DSN 312-377-0685
- (2) EMAIL: ESSENCE@NEHC.MED.NAVY.MIL
- (3) TEL: (757)953-0700 OR DSN 312-377-0700
- (4) MESSAGE
- (5) NDRS

E. IF ADVERSE REACTION RESULTS IN HOSPITALIZATION, SUBMIT VAERS-1 TO NEHC WITHIN 24 HOURS.

18. TRACKING, REPORTING, LESSONS LEARNED.

A. TRACK, ON A WEEKLY BASIS, THE NUMBER OF:

- (1) PERSONS EVALUATED FOR VACCINATION
- (2) THE NUMBER OF TEMPORARY EXEMPTIONS (WITH REASON)
- (3) THE NUMBER OF PERMANENT EXEMPTIONS (WITH REASON)
- (4) THE NUMBER OF PRIMARY VACCINATIONS GIVEN, AND
- (5) THE NUMBER OF REVACCINATIONS GIVEN.

TRACK CUMULATIVE NUMBERS IN EACH OF THESE CATEGORIES.

B. TRACK, ALSO ON A WEEKLY BASIS, THE NUMBER OF:

- (1) PERSONS EVALUATED FOR "TAKE"
- (2) THE NUMBER OF "MAJOR REACTIONS", AGAIN WITH CUMULATIVE NUMBERS.

C. TRACK THE NUMBER OF DOSES OF VACCINE OBTAINED FROM EACH HUNDRED-DOSE VIAL.

D. IN ADDITION TO VAERS REPORTING OF ADVERSE EVENTS COVERED IN PARA 14, REPORT SVP DATA FROM 15 A, B AND C EACH WEEK TO NEHC VIA MECHANISMS IN PARA 14 D, WITH COPY TO CHAIN OF COMMAND. REF R IS A SPREADSHEET, CREATED FOR THIS PURPOSE, WHICH AUTOMATICALLY CALCULATES CUMULATIVE DATA OVER A YEAR OF WEEKLY ENTRIES.

19. NOTIFY LOCAL CIVILIAN PUBLIC HEALTH OFFICIALS BEFORE COMMENCING SMALLPOX VACCINATIONS. INFORM THEM OF THE DAY VACCINATIONS WILL BEGIN, AND THE APPROXIMATE NUMBER OF VACCINATIONS TO BE ADMINISTERED OVER WHAT TIME FRAME. IN OCONUS LOCATIONS, CONSULT THE APPROPRIATE LOCAL LINE COMMANDER BEFORE NOTIFYING HOST NATION PUBLIC HEALTH OFFICIALS.

20. 100-DOSE VIALS OF SMALLPOX VACCINE CURRENTLY EXPIRE 60 DAYS AFTER RECONSTITUTION, IF PROPER STORAGE CONDITIONS ARE MAINTAINED. COORDINATE WITH OTHER MILITARY ACTIVITIES IN THE AREA, IF PRACTICAL, TO MINIMIZE VACCINE WASTAGE BY VACCINATING AS MANY PERSONNEL AS POSSIBLE FROM EACH RECONSTITUTED VIAL.

21. IF VACCINATING LARGE NUMBERS OF PERSONNEL, CONSIDER SPREADING VACCINATIONS OVER TIME IN ORDER TO MINIMIZE POTENTIAL IMPACT ON STAFFING FROM CLUSTERS OF ADVERSE EVENTS REQUIRING MODIFIED DUTY, SUCH AS LIGHT DUTY AND SIQ.

22. IDENTIFY SELECTED CREDENTIALLED PROVIDERS TO BE PREPARED TO EVALUATE POSSIBLE SERIOUS ADVERSE EVENTS EITHER IN PERSON OR VIA TELEPHONE OR RADIO, AS APPLICABLE. THOSE PROVIDERS MUST BECOME FAMILIAR WITH CLINICAL CHARACTERISTICS OF SERIOUS ADVERSE EVENTS AND THEIR MANAGEMENT IN ADVANCE.

23. BLOOD DONATION. DEFER DONATING BLOOD FOR 21 DAYS AFTER VACCINATION OR UNTIL AFTER THE VACCINATION SITE SCAB SEPARATES SPONTANEOUSLY, WHICHEVER IS LATER. IF THE SCAB IS SEPARATED OTHER THAN SPONTANEOUSLY, DEFER FOR TWO MONTHS.

24. INFORMATION RESOURCES:

- A. THE MILITARY VACCINES WEB SITE (WWW.SMALLPOX.ARMY.MIL)
- B. CENTERS FOR DISEASE CONTROL AND PREVENTION WEB SITE (WWW.BT.CDC.GOV/AGENT/SMALLPOX/INDEX.ASP).
- C. WALTER REED NATIONAL VACCINE HEALTHCARE CENTER NETWORK (WWW.VHCINFO.ORG). FOR CLINICAL CONSULTATION: (202)782-0422.
- D. NAVY ENVIRONMENTAL HEALTH CENTER (WWW-NEHC.MED.NAVY.MIL) (757)953-0700, DSN 377-0700, AFTER HOURS (757)621-1967
- E. NAVY ENVIRONMENTAL AND PREVENTIVE MEDICINE UNIT TWO (757)444-7671, DSN 564-7671, NEPMU2@NEPMU2.MED.NAVY.MIL
- F. NAVY ENVIRONMENTAL AND PREVENTIVE MEDICINE UNIT FIVE (619)556-7070, DSN 526-7070, NEPMU5@NEPMU5.MED.NAVY.MIL
- G. NAVY ENVIRONMENTAL AND PREVENTIVE MEDICINE UNIT SIX (808)473-0555, DSN 473-0555, NEPMU6@NEPMU6.MED.NAVY.MIL
- H. NAVY ENVIRONMENTAL AND PREVENTIVE MEDICINE UNIT SEVEN 39-095-86-9251, DSN 624-9251, NEPMU7@NEPMU7.SICILY.NAVY.MIL

25. BUMED POCS ARE CAPT JEFF YUND (202-762-3495, DSN 312-762-3495, AJYUND@US.MED.NAVY.MIL) AND CDR FRED LANDRO (202-762-3496, DSN 312-762-3496, FJLANDRO@US.MED.NAVY.MIL).

BT

#1500

REF A IS MEMO ANNOUNCING DOD SMALLPOX RESPONSE PLAN, AVAILABLE AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/SPRESPONSEPLAN.PDF.

REF B IS DOD SMALLPOX RESPONSE PLAN, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/DODSPOXPLAN.PDF.

REF C IS DOD CLINICAL POLICY FOR THE DOD SMALLPOX VACCINATION PROGRAM (SVP), AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/SPCLINICALPOLICY.PDF.

REF D IS DOD POLICY ON ADMINISTRATIVE ISSUES RELATED TO SMALLPOX VACCINATION PROGRAM, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/SPADMINISSUESPOLICY.PDF.

REF E IS SECNAV MEMORANDUM DIRECTING VACCINATION OF SMALLPOX EPIDEMIOLOGY RESPONSE TEAMS.

REF F IS SECNAV MEMORANDUM DIRECTING VACCINATION OF ADDITIONAL GROUPS.

REF G IS DOD HEALTH CARE PROVIDER'S BRIEFING ON SMALLPOX VACCINE, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/SPHCPBRIEF.PDF.

REF H IS TRIFOLD - WHAT YOU NEED TO KNOW ABOUT SMALLPOX VACCINE, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/SPTRIFOLD.PDF.

REF I IS SMALLPOX - DOD INDIVIDUAL'S BRIEFING ON SMALLPOX VACCINE, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/SPINDBRIEF.PDF.

REF J IS INITIAL SMALLPOX VACCINE IMMUNIZATION NOTE, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/VACCINIAINITIAL.PDF.

REF K IS CDC FACT SHEET - SMALLPOX VACCINATION METHOD, AT WWW.BT.CDC.GOV/AGENT/SMALLPOX/VACCINATION/PDF/VACCINATION-METHOD.PDF.

REF L IS DRYVAX PACKAGE INSERT, AT WWW.FDA.GOV/CBER/LABEL/SMALWYE102502LB.PDF.

REF M IS SMALLPOX VACCINE ADVERSE EVENT DIARY REPORT CARD, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/DIARYCARD.PDF.

REF N IS SMALLPOX IMMUNIZATION FOLLOW UP NOTE, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/VACCINIAFOLLOWUP.PDF.

REF O IS CLINICAL GUIDELINES FOR MANAGING ADVERSE EVENTS AFTER VACCINATION, AT WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/CPGUIDELINES.PDF.

REF P IS FOOD AND DRUG ADMINISTRATION VAERS-1 FORM, AT
WWW.SMALLPOX.ARMY.MIL/MEDIA/PDF/VAERSFORM.PDF.
REF Q CDC FACT SHEET ON ADVERSE REACTIONS, AT
WWW.BT.CDC.GOV/AGENT/SMALLPOX/VACCINATION/PDF/REACTIONS-VACC-CLINIC.PDF.
REF R IS SMALLPOX DATA REPORT FORM, AT
WWW-NEHC.MED.NAVY.MIL/PREVMED/EPI/SMALLPOX.HTM.
REF S IS CDC SUMMARY OF OCTOBER 2002 ACIP SMALLPOX VACCINATION
RECOMMENDATIONS, AT
WWW.BT.CDC.GOV/AGENT/SMALLPOX/VACCINATION/ACIP-RECS-OCT2002.ASP.//